# **Quarterly Totals**

# **Demographic Reporting Form**

**Positive Alternatives** 

Date: Quarter 7 1/1/16-3/31/16 Grantee Name: Health Resources LifeCare Center

#### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	7	7	6	5	1	0

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post- partum	Pregnancy Status Unknown
21	2	2	2	0

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
10	17	0

#### 4. Client Race:

Race: White	Race: African- American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
21	1	0	2	0	3	0

## 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown		
2	25	0		